OCT 1 0 2006

PTO/SB/82 (01-06)
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Application Number	10/810.593
Filing Date	03/29/2004
First Named Inventor	Robert M. Palmer
Art Unit	1724
Examiner Name	HRUSKOCI, Peter A.
Attorney Docket Number	A894639US

I hereby revoke all previous powers of attorney given in the above-identified application.								
A Power of Attorney is submitted herewith.								
OR I hereby appoint the practitioners associated with the Customer Number:								
Please change the correspondence address for the above-identified application to: The address associated with Customer Number:								
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I am the: Applicant/Inventor. Assignee of record of the entire interest, See 37 CFR 3.71. Slatement under 37 CFR 3.73(b) is onclosed. (Form PTO/SB/96)								
SIGNATURE of Applicant or Assignee of Record								
Signature								
Name Robert M. Pa	lmer							
Date Oct. 10	1/06	_!	Telephone 403.282.9889					
NOTE: Signatures of all the inventors or assignous of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.								
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for the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. 10/810,593 E BADE Application Number CHANGE OF 03/29/2004 CORRESPONDENCE ADDRESS Filing Date Robert M. Palmor Application First Named Inventor Art Unit Address to: HRUSKOCI, Peter A Commissioner for Patents **Examiner Name** P.Q. Box 1450 Alexandria, VA 22313-1450 **A894639US** Attomey Dockel Number Please change the Correspondence Address for the above-identified patent application to: The address associated with Customer Number: OR Firm or 1 Robert M. Palmer Individual Name c/o Canadian Patent Scrvices Address Suite 123, 3553 - 31st Street NW Zip 12L 2K7 State City Calgary Alberta Country Canada Telephone 403.282.9889 Email mailroom@canadianpatentservices.com This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124). I am the: Applicant/Inventor Assignee of record of the entire interest. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). Attorney or agent of record. Registration Number Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number Signature Typed or Printed Robert M. Palmor Name Telephone 403.282 9889 106 NOTE. Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below

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